MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51	i					
2								52		/				
3								53		/				
4								54		/				
5								55		/				
6								56	/					
7								57		/				
8								58		/				
9								59		/				
10								60		/				
11								61	/					
12								62		/				
13								63		/				
14								64		/				
15								65		/				
16								66	/					
17								67		/				
18								68		i				
19								69		/				
20								70		p				
21								71	/					
22								72		/				
23								73		/				
24								74		/				
25								75		/				
26								76	/					
27								77		/				
28								78		/				
29								79		/				
30								80		/				
31								81	/					
32								82		/				
33								83		/				
34								84		/				
35								85		/				
36	/							86						
37		(						87						
38		\						88						
39		\						89						
40		/						90						
41	/							91						
42		/						92						
43		/						93						
44		/						94						
45		/						95						
46	/							96						
47		i						97						
48		i						98						
49		/						99						
50		/						100						
TOTAL IND.	↓		↓		↓			TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		←		←			TOTAL DEP.	←		←		←	
TOTAL CLAIMS								TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)